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APPLICANTS

Hermann Gmeinder, Biberach, GERMANY;
 Richard Schoenenberger, Leutkirch, GERMANY;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

GERMANY 103 46 670.3 10/08/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		GERMANY	4	28	1

ADDRESS

MARSHALL, GERSTEIN & BORUN LLP
 233 SOUTH WACKER DRIVE
 6300 WILLIS TOWER
 CHICAGO, IL 60606-6357
 UNITED STATES

TITLE

Interface Unit For Dentist's or Dental Treatment/Workstation For Passing On Signals Containing Image Information

FILING FEE RECEIVED 1430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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